

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037148

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 123

FILED OCT 2 1963

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Pike   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Pike |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Louisiana                      |  | c. CITY OR TOWN Louisiana   |  |
| Length of stay in b. 85 yrs.  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Pike County Hospital |  | d. STREET ADDRESS (If outside, give location)<br>615 Maryland   |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|  |                           |   |  |  |   |
|--|---------------------------|---|--|--|---|
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Merriitt Arthur Culling                      |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>September 19, 1963 |  |   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>8/10/1883                            | 9. AGE (last birthday)<br>80                                   | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Machinist |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Machine Shop   |  | 11. BIRTHPLACE (City and state or country)<br>Ludlow, Missouri |   |
| 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.  |                           | 13a. FATHER'S NAME<br>Arthur Culling  |  | 13b. MOTHER'S MAIDEN NAME<br>Mrs. R. W. Dilger                 |   |
| 14. NAME OF HUSBAND OR WIFE<br>Ollie M. Culling  |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>Unknown                                      |  | 16. SOCIAL SECURITY NO.<br>[Redacted]                          |   |
| 17. INFORMANT<br>Glenn Culling   |                           | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Generalized carcinomatosis  |  | INTERVAL BETWEEN ONSET AND DEATH<br>4 mths.                    |   |

|  |  |        |  |
|--|--|--------|--|
| DUE TO (b) Carcinoma of Prostate with metastasis to lungs, spine and liver |  | 5 yrs. |  |
| DUE TO (c)   |  |        |  |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |   |  |  |

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from 1959 to 9/19/63 and last saw him alive on 9/19/63  
Death occurred at 11:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                             |
|---|---|-----------------------------|
| 22. SIGNATURE<br>(Degree or title)<br>Chas. H. Lewellen | 22b. ADDRESS<br>M.D. 122 S. 3rd, Louisiana, Mo. | 22c. DATE SIGNED<br>9/20/63 |
|---|---|-----------------------------|

|   |                      |  |  |                     |
|---|----------------------|--|--|---------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 23b. DATE<br>9/21/63 | 23c. NAME OF CEMETERY OR CREMATORY<br>Riverview Cemetery | 23d. LOCATION (City, town, or county)<br>Louisiana | (State)<br>Missouri |
|---|----------------------|--|--|---------------------|

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR<br>Sterne Funeral Home Louisiana, Mo. | 25. DATE RECD. BY LOCAL REG.<br>9-23-63 | 26. REGISTRAR'S SIGNATURE<br>Bernice Collier |
|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or, by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J. B. Starnel*

Licensed Embalmer No. 4039

P. O. Address

Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.